

Serious Accident, Incident, or Injury Report

Please Write Clearly

Child's Name: _____ Child's Age: _____

Date of Accident: ____/____/____ Time of Incident: _____ am pm

Witnesses to the Incident: _____

Explain what happened. Include information about the cause of the injury or incident, the body part injured, the type of injury, where in the facility the injury occurred, any toys or equipment involved in the injury, the reaction of child, etc.):

Describe what action was taken in response to this incident, and by whom: _____

Name of the parent or legal guardian who was notified of the incident: _____

Date and time of contact: ____/____/____ at _____ am pm

List any instructions given by the parent or legal guardian: _____

(Continued on back.)

This form is provided as a technical assistance suggestion only. Providers are not required to use this form.

Name of the person at the Bureau of Child Care Licensing who was notified of the incident: (The Bureau must be notified of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent.)

Name: _____

Date and time of contact: ____/____/____ at _____ am pm

Any Additional Comments or Information:

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_____/_____/_____
Signature of Caregiver Date

_____/_____/_____
Signature of Center Director Date

_____/_____/_____
Signature of Authorized Person Picking Up the Child Date